centimeters of water. This is filtered. Then, 15 cubic centimeters of the filtrate is placed in a flask, just as was done in the third step for blood. From there on, the procedure is identical.

Interpretation followed by the Navy is in accordance with [illegible] the National Safety Council. Thus 0.05% or 0.5 milligrams of alcohol per cubic centimeter of blood is the top limit of those considered as in no way under the influence of alcohol to sufficient degree to warrant any prosecution before a Court Martial. If the concentration is greater than 0.15%, or 1.5 milligrams per cubic centimeter of blood, intoxication is presumed to be present.

Another popular test is Bogan's Method. The reagents required are Ansties, which is ½ of 1% potassium dichromate in concentrated sulphuric acid. This is diluted with water in equal parts before use. Scott-Wilson reagent is 1.0 gram of mercury cyanide in 60 cubic centimeters of water, to which is added a mixture of ½ gram of sodium hydroxide in 60 cubic centimeters of water, and then with addition of a mixture of 0.29 grams of silver nitrate in 40 cubic centimeters of water.

Standard colors are prepared. Eleven test tubes are marked for 0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, and 5.0 milligrams of alcohol. Then 5 cubic centimeters of Ansties reagent is added to each tube. 0.05 cubic centimeters of 1% alcohol is added to the tube labelled 0.5 milligrams. This amount is increased by 0.05 cubic centimeters in each succeeding tube, thus placing in the tubes the amount of alcohol called for by the labels. Distilled water is used for the tube marked 0. Then all of the tubes are diluted with water to an equal volume. The tubes are placed in a boiling water bath for ten minutes, cooled and sealed. Variations in color appear in each tube depending on the amounts of alcohol.

Equipment required to perform the test consists of four glass tubes, each U-shaped, connected to one another by glass tubing which passes through stoppers. A water suction pump is connected to the final tube. When this is turned on, it will suck air through the entire series.

The method of testing is to place one cubic centimeter of blood or urine in the first tube, which is farthest from the water pump. One cubic centimeter of Scott-Wilson reagent is added to that tube and 5 drops of liquid petrolatum floated upon the surface to prevent foaming when air is drawn through. In the fourth tube, that closest to the suction pump, 5 cubic centimeters of Ansties reagent is placed. Nothing is put in the second and third tubes, which simply serve as traps to prevent any liquid material becoming drawn from the first into the fourth. The water pump is started, the four tubes are placed in a boiling water bath, and the air is slowly drawn through for ten minutes.

The color changes in the fourth tube. When finished, all of the alcohol has been evaporated and chemically changed in the fourth tube. Comparison with the standards will determine the amount of alcohol in one cubic centimeter of blood or urine.[41]

Alcohol Tests for Drunkenness as Evidence

Persons complaining that their constitutional rights have been invaded by the use against them, in a criminal case, of evidence secured by means of a compulsory physical examination or other invasion of their bodily integrity have most frequently relied upon the privilege against self-incrimination, or against being compelled to give testimony against oneself in a criminal case, contained in the constitutions of the United States and most of the states. The contention has met with little favor in recent proceedings in the state courts, most of which have continued to draw the distinction between "real" and "verbal" evidence, holding that the privilege protects only against "testimonial compulsion". So it has been held that the privilege was not violated by reception of evidence of blood tests,[42] urinalysis for alcohol,[43] and breath tests for intoxication in drunken driving prosecutions.[44]

Thus it is held by the courts that the accused in a criminal case suffers no deprivation of constitutional rights through the use against him of evidence obtained by means of compulsory physical examinations and tests. The privilege against self-incrimination has usually been held to relate only to "testimonial evidence", as opposed to compulsory production or surrender of real of objective evidence. However, a decision of the United States Supreme Court, without directly discrediting earlier decisions approving the use of such evidence, has held that the manner in whcih the evidence is procured is a relevant consideration in determining whether the due process requirement embodied in the fourteenth amendment has been complied with, and that compulsory physical examinations and tests may be carried out in such an atmosphere of violence and illegality as to require federal intervention to set aside state convictions secured by the use of evidence so obtained.[45]

Alcohol and Amnesia

Alcohol is a potent factor in the production of amnesia, not only when drunkenness has become so deep that the individual is unable to walk about, but with lesser amounts, automatism is common. Then the individual may seem to be a most pleasant fellow, but in an alcoholic trance, a condition that may be called pathological drunkenness. He may have no recollection of what he and others did during such a period of partial consciousness. The subject is frequently before the courts in relation to crime, and many accidents are so caused.

The drinking of even small amounts may lead to profound disturbance in thinking, with detachment of mentality. Then the individual may observe himself with amusement or abhorrance, leading to careful avoidance of circumstances that may be hazardous, such as driving cars, or to utter disregard of what may happen and with reckless abandon. It appears probable that very few people become partially unconscious to dangerous degree with less than two ounces of whiskey or two bottles of beer, but with greater dosage some develop a certain degree of automatism. With about

six or seven ounces of whiskey, equivalent to six or seven bottles of beer, it is true that all people have sufficient derangement in mentality to interfere with safe driving and are very likely to suffer with marked disassociation of personality.

Psychopaths, epileptics, people who sustain head injuries, sun stroke, or any other condition interfering with mentality are far more subject to disassociation of consciousness and amnesia with alcohol. The person may appear to be entirely normal, but completely amnesic, having no recollection at a later time of what he did. He may go to some distant city with no recollection of the method of travel. During periods of amnesia, these people sometimes do most brilliant work, doctors perform surgical operations, musicians play with outstanding ability, attorneys conduct complex trials, forgery and other crimes, not infrequently of ugly nature, are performed. Marked emotional anxiety is common and misinterpretation may lead to serious defensive reactions. These people sometimes commit murder without the slightest evidence of remorse, and may deliver themselves to the police with an utterly impersonal attitude as to the consequences. These are instances, definitely, of temporary insanity.

Korsakow's psychosis is commonly defined as a condition of deranged mentality resulting from chronic alcoholism and characterized by inflammation of many peripheral nerves, polyneuritis. An identical symptom complex results from pellagra, and senile psychosis. Amnesia is a characteristic finding with marked defect in memory for recent events. These people are subject to confabulation, imagery, endeavoring to fill the gaps of memory with almost any tale that seems applicable at the moment. This is not direct falsehood, but seems to be a mental process whereby the individual endeavors to cooperate by answering without logical thinking and probably by incorrect recalling of memory experiences of the past. The person is disordered in relation to time and space. We probably deal with failure to extract the correct memory from within the recesses of the brain, although many authorities consider the trouble to be the result of lass of the power of proper retention of memory. Careful questioning discloses the presence of confabulation, because answers given to the same or similar questions at different times fail to agree.[46]

Wood alcohol causes derangement within mentality very similar to that of ethyl alcohol, which is normally found within intoxicating beverages. Amnesia seems less likely to continue after recovery from drinking wood alcohol, perhaps because people do not drink wood alcohol intermittently or continuously for long periods of time, with repeated, further destruction of the brain.

Absinthe produces terrible convulsions in addition to the ordinary effects of alcohol. Amnesia in relation to the convulsions is to be expected, and brain deterioration is marked.[47]

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THE CASE FOR CLINICAL RESEARCH

EDWARD M. BOHAN, M.D.*

Basic research is cheap and unpredictable. Therein lies beauty to the inventive mind and some of life's greatest achievements. Some people devote their whole lives to their hearts' desires, the emotions that make men rather die on the outskirts of civilization than live in luxury at its center. Others project their longings into part-time hobbies, during or after their hours of economic necessity.

Applied or developmental research are often too costly for hobbies. Research can be an industry in itself, so a careful approach to the subject must be made. While the government has granted more money for research, there is danger that institutions can be motivated to seek grants and aids without understanding the real purpose of research, and to proceed without the personnel capable of making the best use of funds.

Chemical companies trace 30 to 40 per cent of their sales volume to research. Du Pont nylon came from basic research in molecular structure. Carothers, in 1927, simulated the long chain molecules found in silk. 93% of government research money goes for specific projects. Gray[2] says, "The paucity of support for basic research could be our Achilles' heel".

Research is the free gift of history. One must take the material offered and weave it into a narrative. The material must be proven truth. Meticulous attention to facts, detail, and unhurried approach to the subject constitute investigative searching back at its finest. There are numerous errors[3] in medical literature assumed to be infallible scientific doctrines. Some have been passed down from teacher to student for many years.

* Director of Clinical Research, St. Francis Hospital, Wilmington, Delaware.

Qualities Necessary for Research

Research started from a known truth must possess qualities of meditation and contemplation. Bolitho[4] speaks of more adulation for the man who sits on the shore and contemplates the ocean before him. This perspective quality is very lacking in our 1 + 1 = 2 existence. Best[5] says, "The emphasis should be on solid fundamental facts, but one should look very carefully at findings which are apparently out of line in the hope of gaining new leads".

A researcher and his workers must be mature and constructive. Objectivity, as in winning a battle, is essential. Some individuals have not learned to think objectively, and patience to develop this quality is necessary. Open-mindedness, calmness, and understanding, are aids, which, if not present, should be acquired. Self-confidence, self-discipline, and respect for others, create a poise, stature, and sense of proportion which mould the researcher's precious individuality.

Medical Research in a Hospital

Unlike the personnel in the chemical and drug industry, the employees of the hospital patient's medical team, i.e., the hospital authorities, doctors, nurses, medical technologists, medical librarians, and others, are not always conscious in their daily routine of their research value to themselves and the community. In fact, the community[6] is sometimes more aware of the value of research than the hospital team, engaged by the patient for his welfare.

Progress in any profession is measured by the amount of research done in it. Hospitals cannot progress unless they study themselves and seek methods of improvement. This is true in all areas of hospital activity, medical, education, nursing service, technical services, and hospital administration itself.

Research Organization

A Clinical Research Society can be started with little assistance. Aid to the work done by the society can be given by the hospital authorities. The clinical group has need for: 1. Place of meeting, 2. Use of

recording apparatus and photography equipment, 3. Stationery and postage, 4. Issuance of reprints, 5. Constant encouragement.

Research should be daily, up-to-date, and reviewed at a special meeting or at the regular conferences of the Medical Staff. The Director of Research is responsible for keeping the program moving and publication of suitable material. Every word uttered in a hospital may have value. Gripes must be distinguished from complaints. The former are frequent, irresponsible utterings, and should be completely ignored. The latter must be entertained in one's mind as invaluable, constructive suggestions, and followed through as a research problem.

A person can keep active in an extensive program like this with the able assistance of his co-workers. He cannot hold too many positions, medical or non-medical, which result in lack of concentration, or lead a disorganized daily existence. The research group should become trained mentally and physically to take part in the medical effort as a whole. Willingness to read is essential. Reading takes less effort and time than listening. While didactics is important, it can be overdone. On the other hand, the clinical side of medicine, so important to Osler, is often neglected. We are often swayed by the silver-tongued orator, the overzealous advertiser, or the giver of funds. ("Timeo Danaos et dona ferentes."[7])**

** I fear the Greeks bearing gifts.

Simple Economics for Hospital Personnel

The recording of all material in hospitals is the best way to conserve the hospital proceedings and has been adopted by many administrations. This can often be extended to simplify the work in other departments. Dictating into central units is a great time-saver and conducts the sound to one or more stenographers. Blind stenographers have been used for this work. In this age of shortage in personnel, time and motion study are often needed to save personnel for more essential duties. Time may be added to research projects in this manner.

Material for journals can be easily edited and sent for publication if all conferences and scientific meetings are recorded. More ambitious staffs can publish their own journals.

The effort to conserve the energy of the professions of medicine and allied groups for important hospital work can be accomplished by action outside the hospital. Medical societies conserve the valuable energy of the healing arts by organizing:

1. Night call emergency systems with minimum fees
2. Clinical sessions to replace some of the numerous didactic lectures which (in quantity only) consume much of the physician's time
3. Sponsoring of occasional regular meetings in medical economics to:
   a. Save the physician's time in bookkeeping and tax worries
   b. Keep him up to date with automation and simplified office methods.

Better public relations, better diagnosis and treatment, and better organization derived from a vigorous program like this will mean more time for research and leisure.

Programs such as these often need extramural advice and direction from our confreres in the business, scientific, and legal worlds.

Clinical research can ally itself with laboratory research by communication or direct contact under one roof. It should also associate itself with other arts and sciences. Medicine must never be divorced from philosophy. Nor should we forget the spirit of research. This has been well described by Gottschall in the August 1956 issue of the Delaware State Medical Journal. It is advisable to read the article. He describes students of research as those who are driven forward by the insatiable thirst for knowledge that has possessed men and directed their endeavors for centuries. "It is the spirit of research that guides them all. It is more than mere curiosity. It is an overwhelming desire which has lived in the hearts of scientifically minded men since time immemorial".

SUMMARY

1. The need for more basic clinical hospital research is stressed. Time must be stolen

from other activities.

2. Methods of accomplishing this aim are outlined by coordinating the whole hospital personnel into reasonable, emotional and physical spheres of attainment. Objective thinking is imperative to this program.
3. The hospital is envisioned as a total, cooperative research unit. All personnel must be research conscious during their hospital hours.
4. Medical photography is essential. Time and motion studies in hospitals may be helpful in adding to the little moments now available for research.
5. Greater efficiency in the practice of medicine can aid the physician and other professional medical groups in conserving time and energy needed for vital research projects, e.g., clinical research can be indirectly helped by the establishment of an emergency call system in a State or County Medical Society.
6. In order to conserve the valuable proceedings of the hospital medical staff, all clinical conferences and scientific meetings should be recorded. A good proportion of these recordings can be sent to a medical journal. Our State Journal is entitled to a preferential share.

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PROCEEDINGS OF HOUSE OF DELEGATES

(The 167th Annual Session of the Medical Society of Delaware was called to order at 4 o'clock, P.M., September 13, 1956, at the Henlopen Hotel, Rehoboth Beach, Delaware, President Glenn M. Van Valkenburgh, presiding.

(President Van Valkenburgh called the meeting of the House of Delegates to order.)

PRESIDENT VAN VALKENBURGH: I believe we have a quorum present. We will call the roll and find out. Dr. Cannon.

(A roll call was taken by Dr. Cannon and a quorum was declared present.)

PRESIDENT VAN VALKENBURGH: The minutes of the last session were printed in the Journal. If there is no objection, we will approve the minutes of the last session as printed. Is there a motion to that effect?

DR. M. A. TARUMIANZ (Farnhurst): I so move, sir.

(The motion to approve the minutes of the last session was seconded and carried.)

PRESIDENT VAN VALKENBURGH: We will now have the report of the officers. First, the President's report.

In reporting to the House of Delegates, I must first mention that the death of Dr. W. Edwin Bird has been a great loss to the Society. His long services as editor of the Medical Journal and as Executive Secretary are well known to all of you.

PRESIDENT VAN VALKENBURGH: We will now have the Secretary's report.

Report of the Secretary

The office of the Secretary has been conducted on a current basis during the past year. The file of the minutes of the Council has been prepared and maintained in mimeograph form.

The Secretary attended a meeting in Chicago pertaining to the implementation of the Dependents Medical Care Act and transmitted in full a report to the President of the State Society.

No outstanding problems have developed during the past year.

Respectfully submitted,
NORMAN L. CANNON, *Secretary*

PRESIDENT VAN VALKENBURGH: The report of the Treasurer.

DR. CHARLES LEVY (Wilmington): I have several reports, Mr. Chairman. One is the audit report of Haggerty & Haggerty, dated December 31, 1955, which I do not think I need read because copies were sent to each member of the Audit Committee.

Report of the Treasurer

Statement of Cash Receipts and Disbursements for the Eight Months Ended August 31, 1956

Balance, January 1, 1956		$ 2,216.04
Receipts:		
Dues	$25,950.00	
Rent—exhibit space—annual session	475.00	
Dividends on investments	444.50	
A.M.A.—reimbursement for collection of dues	85.63	
Proceeds—sale of membership lists	2.00	
Employees' withholdings	959.76	
		27,916.89
		$30,132.93
Disbursements:		
Salaries	$ 4,903.31	
Dues remitted—A.M.A.	8,625.00	
Subscriptions—State Medical Journal	1,042.50	
Rent—office	500.00	
Convention expenses	364.50	
Stenotypist—annual session	259.39	
Auditing	175.00	
Stationery and printing	93.72	
Telephone	89.42	
Committee expenses	78.50	
Payroll taxes	77.97	
Council meeting	64.35	
Local travel	61.32	
Treasurer's bond	62.50	
Dues and subscriptions	60.00	
Refund—dues in error prior year	50.00	
Miscellaneous	27.06	
Postage	12.73	
Employees' withholdings	878.59	
		17,425.86
Balance, August 31, 1956		$12,707.07

Assets at August 31, 1956:		
Cash—regular account above	$12,707.07	
Cash—defense fund	4,665.13	
Investments—cost	17,241.08	
		$34,613.28
Liabilities at August 31, 1956:		
Employees' withholdings	$ 267.74	
Due to Delaware State Medical Journal	3.00	
		270.74
Net Worth, August 31, 1956		$34,342.54

I might say that the revenue realized was $12,000 in 1955, and the expenditures, salaries, $3,672; operations, $2,573; and office, $1,182.

Now, I sent around some copies of the second report which is that of the eight months ending August 31, 1956, which showed a cash balance of $2,216.04.

The receipts, including dues, dividend on investments, the reimbursement by the AMA for my collection of dues, and so on, amounted to $27,916.

Disbursements, that is, salaries such as for Mr. Morris, dues remitted—my sending the AMA $25 per member which is remission of dues, subscription to the State Journal, $3 of our State dues going to the State Journal, rent, and those of you have copies which I have placed on some of these seats, showing the disbursements of $17,425.86.

There is a balance as of August 31 of $12,707.

I don't think I need go into the assets which we have in our vault which consist of certain regular funds and certain stocks and bonds which are present.

Mr. Chairman, that is my report, and I have placed some of these at the chairs so that the members of the House of Delegates can look them over.

PRESIDENT VAN VALKENBURGH: Thank you, Dr. Levy. Is there a discussion of the Treasurer's report?

(No response.)

It was moved, seconded and carried that the Treasurer's report be accepted.

PRESIDENT VAN VALKENBURGH: Mr. Morris will give the Executive Secretary's report.

Report of the Executive Secretary

The Executive Secretary reports a current membership in this Society of 389, which represents an increase of 8 members during the past year. The membership by Counties stands as follows:

New Castle	Kent	Sussex
314	27	48

The correspondence and other continuing work of the Society has been kept on a current basis.

Exhibits

We have the same number of exhibits this year as last. There is, however, a 9% decrease in gross revenue, due largely to our inability to command equal rates for what has been in the past obviously poorer attendance. We have been talking for several months with representatives of exhibiting firms in an effort to make our meetings more attractive to them. Unfortunately, we have always been finally confronted with the fact that our attendance is poor, particularly at downstate meetings. Thus, the cost physician ratio of our exhibitors is high. The programs of these meetings have been good, and no active member of this lives more than 100 miles from any place we have met. Therefore, we ask that each physician here cooperate in urging all members of the Society to attend these Annual Meetings, now and in the future. In no other way can our dwindling revenue from exhibits be increased, and in no other way will we be able to expand the scope and value of the meetings.

Meetings

The Executive Secretary attended the June meeting of the American Medical Association in Chicago, and, on the same trip, the Annual Meeting of the Conference of Presidents and other Officers of State Medical Societies. These meetings enabled us to meet medical executives from other states, and to learn something of the operations of other Societies. Contacts made there have already provided useful information about specific problems that have arisen.

Together with the officers of the Society, we have visited each County Society. We have enjoyed these visits, and appreciate the hospitality that was shown.

Public Relations

It is a common and often costly error to confuse publicity with public relations. This Society should develop a broad, well-based series of operations, which can then be publicized to help create good public relations. These operations necessarily will be incidental to the personal work of each physician, for better or worse, in forming public opinion.

A campaign to place the services and progress of medicine before the public was begun in the early spring. The sudden death of Dr. Bird made it impossible, in point of time available, for this to have been continued on the scale we had planned.

We have, however, made use of the media available to us. The newspaper and television outlet in the state have cooperated in giving us space and time, and we have cooperated with one County Society in publicizing a 13-week series of programs sponsored by a radio station and the County Society. Sponsorship of such programs on a local basis is an excellent public relations tool, and the State Society's office will be glad to help any County Society in arranging for any series or event that the County feels would be locally effective.

In keeping with the policy of expanding our operations and thereby, our opportunities to create good public relations, the Society joined with the Mental Health Association of Delaware in presenting a public film forum during Mental Health Week. This was followed by a question and answer period on problems of mental health. The program sponsorship was experimental on our part, to test its possibilities. The audience reaction was favorable, and leads us to hope this method can be used successfully in other fields. The Executive Secretary represented the Medical Society of Delaware on the Executive Committee for Mental Health Week, and on the Public Relations Committee for that event.

We have worked with the newspapers in putting before the public such information as the Food and Drug Administration has thought necessary for the public welfare.

We have cooperated with the press in its coverage of such special events as the Medico-Legal Symposium, after which the Executive Secretary was available in the city room of the Wilmington newspapers to assist reporters in their gathering and assembling of the facts of the proceeding. In this instance nearly seven column feet of coverage were obtained in the Wilmington Morning

News and Journal Every-Evening alone. Releases were made available to all daily and weekly newspapers in the state. Similar releases and coverage have been arranged for this meeting, and it is hoped that the results will be as satisfactory.

Legislation

We have attended many of the Sessions of the General Assembly this year, chiefly as an observer, and as a defensive precaution. From the standpoint of the Society, the year has not been an active one, politically. In consideration of the views of a significantly large number of members of the present Assembly, as expressed during last year's passage of the act by which Chiropractors entered the Workman's Compensation Field, and of the advice of several professional and experienced observers of the State Legislature, it has not seemed wise to present a program of our own this year. We are hoping that next year we can present such a program, less to introduce new law than to strengthen that existing. There is reason to believe that an ancilliary group, which has been exerting nation-wide pressure to infringe upon the perogative of the licensed physician, will soon bring its campaign into the Delaware Legislature. We hope to block this attempt, or, failing that, to defeat it when it arises. We have been collecting supportive evidence for that purpose.

We have worked with the Industrial Accident Board to develop a current interpretation, incorporating the recent amendments, of the Workman's Compensation Statute of Delaware. This interpretation appeared in the September issue of the Journal.

In the field of federal legislation, the Society was active in what was ultimately the losing fight against the Social Security Amendments of 1955 in the U. S. Senate. The bill was signed into law in August of this year. The Executive Secretary's office collected and coordinated material for a campaign of letters, telegrams and telephone calls to our representatives in the Senate, which were sent both by individual members and directly from this office. Dr. Lewis B. Flinn represented the Society in its hearing before the Senate Finance Committee. Material concerning this bill and our stand on it was made available to the newspapers, who cooperated in putting forth our position and reasoning. It is pleasant to be able to report that both of Delaware's Senators voted against this bill, in the face of strong pressure to support it, both from the majority party in the Senate and from other pressure groups with representation in Washington.

Journal

In March of this year, the responsibility of managing the business of the Journal was transferred to the Executive Secretary. From the time of Dr. Bird's death until the appointment of his successor in June, this office also assisted in the editing of the Journal. We are very grateful to Dr. M. A. Tarumianz and Dr. N. L. Cannon of the Publications Committee for their indispensable help during this unavoidably difficult period.

A.M.E.F.

The Executive Secretary cooperated with the Chairman of the AMEF Committee in distributing information provided by Dr. Poole concerning the drastic need of the nation's medical schools for funds. The results were, we think, good. 156% of last year's number of contributors gave 130% as much money to the AMEF. The Society is indebted to Dr. Poole for his work on behalf of this important cause.

The State Society made an effort to cooperate with the Philadelphia Medical Schools to bring graphic information about medical education to Delaware during National Medical Education Week. We contacted both the Medical Society of Pennsylvania and the Philadelphia County Medical Society for help in this, but were ultimately frustrated by the failure of the schools themselves to provide any observation of the event that could possibly have been used here. The cost of creating a state-wide observance without such help would have been prohibitive. Some observance was made by two of the component County Societies, and by the Woman's Auxiliary.

Placement Bureau

The Executive Secretary's office is endeavoring to establish, on a small scale, a placement bureau, with the thought that there are areas in the state which might benefit from such a service. In the past few months information about available opportunities has been given to several physicians. We should like to emphasize that this information can only come from the profession in Delaware, and to ask that the existence of any openings be called to our attention.

This report must regretfully record the great loss to the Medical Society of Delaware of W. Edwin Bird, M.D., Executive Secretary of the Medical Society of Delaware and Editor of the Delaware State Medical Journal.

Dr. Bird devoted a large part of his life and effort to this Society and to its Journal and his passing leaves a void which is deeply felt.

Respectfully submitted,

LAWRENCE C. MORRIS, JR., *Executive Secretary*

PRESIDENT VAN VALKENBURGH: Is there any discussion of this report?

(No response.)

PRESIDENT VAN VALKENBURGH: Is there a motion that the report be approved?

DR. H. T. MCGUIRE (New Castle): Mr. Chairman, there is just one comment I would like to make with reference to that House Bill 7225.

I had a number of conferences and telephone calls and considerable correspondence with Senator Frear. Our Washington people seemed to think that he was going to waver, and for that reason they got hot on the wire to the Executive Secretary and to Dr. Flinn and me and other people.

However, Senator Frear did vote against that amendment, and I responded and thanked him for cooperating with us, and so on. But I think it should be a matter of this Society expressing our thanks to both Senator Frear and Senator Williams for their vote in this particular instance. If that is in order, I so move.

PRESIDENT VAN VALKENBURGH: Do you make that in the form of a resolution, Dr. McGuire?

DR. MCGUIRE: Yes, sir.

PRESIDENT VAN VALKENBURGH: Any comments?

DR. MCGUIRE: The reason for it is, we gave them considerable harassment, and I think when they did what we asked them to do, it is only good courtesy to say, "Thank you." That is all. We might want something else some time.

DR. TARUMIANZ: Have we voted on the previous motion, accepting the Executive Director's report?

PRESIDENT VAN VALKENBURGH: No, we have not. Is there such a motion?

DR. LEVY: I move we accept the Executive Director's report.

(The motion to accept the Executive Director's report was seconded and carried.)

PRESIDENT VAN VALKENBURGH: Now, do you make this in the form of a resolution, Dr. McGuire?

DR. MCGUIRE: It can be, but I just think it could be a normal letter from the Society, from either the President or the Executive Secretary.

DR. V. D. WASHBURN (Wilmington): It should come from the President.

DR. MCGUIRE: It should come from the President, I suppose, quite properly, or, if you feel so disposed, you can just ignore it, but it seemed to me in order.

PRESIDENT VAN VALKENBURGH: Well, I think you are very right there, Dr. McGuire, in many ways. We ask these politicians for favors, yet sometimes we forget to thank them. And also we forget to support them, which I think was brought up in the Council meeting, at the last meeting, that we may forget to work for those who have worked for us.

DR. JAMES BEEBE, JR. (Lewes): Don't you you think it would add more weight if it came from the House of Delegates?

PRESIDENT VAN VALKENBURGH: What is the opinion of the group? Are there any other expressions of opinion?

DR. CANNON: It seems to me the House of Delegates could act on a motion and direct the President to write a letter, and it would then carry the weight of the Society and the President as well.

DR. J. E. MARVIL (Laurel): I make such a motion that the President write a letter thanking the Senators for their help in this matter.

DR. BEEBE: I second the motion.

PRESIDENT VAN VALKENBURGH: It has been moved and seconded that the President write a letter to our Senators thanking them for their stand on the recent Social Security legislation.

DR. WASHBURN: There should be a sentence included which make it clear that you are doing as directed by the House of Delegates.

PRESIDENT VAN VALKENBURGH: Yes, as directed by the House of Delegates. Those in favor please say "aye".

(The motion was carried.)

PRESIDENT VAN VALKENBURGH: We will now go on to the reports of the Standing Committees. First we have the Committee on Scientific Work.

DR. CANNON: Before I start reading the reports of the committees, I would like to say that all these reports will be printed in the State Journal, and these reports were reviewed by the Council at a very recent meeting and it was felt that to expedite matters, where no action was required by the Society on the material incorporated in the report, that these reports would be read by title only. If, however, any one desires to have the complete report read, we will be only too happy to do so, but it lengthens the meeting, and this material will be printed.

So the committee reports will be read, some in toto, some by title only, and always at your discretion this can be changed.

The first committee report is the Committee on Scientific Work, and this will be read by title only.

Committee on Scientific Work

Although no formal meetings have been held during the past year, the Chairman and members of his committee have met with the President of the Society at intervals providing assistance wherever possible in order to help shape up the Scientific Program for the annual meeting — September 13th and 14th.

Respectfully submitted,
NORMAN L. CANNON, M.D., *Chairman*
DR. J. A. ELLIOTT
DR. E. L. STAMBAUGH

Is there a motion necessary with regard to these reports?

PRESIDENT VAN VALKENBURGH: No. The next is the Committee on Medical Education.

Committee on Medical Education

The Committee on Medical Education has been studying ways and means to stimulate education activities within the profession and to expand medical education of the lay community in keeping with the Society's policy to widen and improve its community relationships. In 1955, a Tri-Group Committee was formed, representing the Delaware Academy of Medicine, whose main function is extension of medical education; the University of Delaware, who is actively interested in postgraduate education in various fields; and the State Society, acting through this committee. After a considerable discussion, it was decided that the most practical way to begin stimulation of professional educational activity was to place, twice each month, in the hands of all physicians in the state, along with the State Board of Health Bulletin, a list of all the various conferences and scientific medical meetings currently scheduled in the various societies and hospitals throughout the state.

An attempt has already been made in this direction. However, lack of centralized control and delay in the Executive Secretary's office, in great part due to Dr. Bird's sudden death, has retarded progress. However, with better organization under the direction of Mr. Morris, our Executive Secretary, we should have a much more efficient bulletin early this fall. It is hoped that all hospitals and medical organizations will enthusiastically support this bulletin, which will, in part, be published in the Journal. It is requested that Mr. Morris receive full and prompt cooperation. The Delaware Academy of Medicine and the University of Delaware stand by to assist.

When such a program of events is available, the committee hopes that there will be more visiting and interchange of medical ideas throughout the state. This matter has been repeatedly discussed in medical groups in all three counties. By taking advantage of these state-wide activities, additional medical meetings should be unnecessary; duplication of topics may be avoided.

The public medical forums conducted in Wilmington for the last several years have been extremely successful. They have been conducted by the Delaware Academy of Medicine, Blue Cross, the News Journal Company, and the Welfare Council. This committee strongly recommends that similar forums be conducted in other parts of the state. All of the organizations just mentioned have expressed their willingness to give assistance; so has the State Society through this committee; so has the University of Delaware. All that is needed is for a nucleus of individuals in Newark, Dover, Milford, Georgetown, or somewhere else to request this assistance; can not somebody be so inspired? This committee can not walk in without being invited.

In summary, your education committee recommends (1) distribution of a readable, up-to-the-minute bulletin of medical events in Delaware (2) more active participation in medical conferences and meetings by physicians from other parts of the state (3) continuation of the public medical forums in Wilmington and the institution of such forums in other parts of the state.

Respectfully submitted,
LEWIS B. FLINN, *Chairman*
DR. R. W. FRELICK
DR. J. R. FOX

PRESIDENT VAN VALKENBURGH: Is there a discussion of this report?

It was moved, seconded and carried to accept the recommendation of the Committee on Medical Education.

PRESIDENT VAN VALKENBURGH: Next, the Committee on Publication.

Committee on Publication
Report of the Editor

There is at present a critical need for publicationworthy material for the State Medical Journal. To stimulate interest in this problem throughout the State, the Publication Committee requests that the President be given authority to appoint an Editorial Advisory Board.

It is recommended that the Editorial Advisory Board be selected by the President in collaboration with the Publication Committee and that its membership be unlimited in number.

It is recommended that the following organizations be represented on the Editorial Board:

Each hospital that previously assumed responsibility for an issue of the Journal	2 members
Each other hospital in the State	1 member
State Board of Health	1 member
Delaware Academy of General Practice	2 members

It is recommended that any individual, regardless of hospital affiliation, whose presence would, in the opinion of the President and the Publication Committee, strengthen the Board, be so appointed.

Respectfully submitted,
A. HENRY CLAGETT, JR., *Editor*

PRESIDENT VAN VALKENBURGH: Is there any discussion?

DR. TARUMIANZ: I would like to change the word "nomination" to "recommendation". It seems to me that we should recommend the names to the President and the President can then consider these names. It is merely a change of wording.

It was moved, seconded and carried that the recommendation of the Publication Committee be accepted.

PRESIDENT VAN VALKENBURGH: I will recognize Mr. Morris to read the report of the Managing Editor of the DELAWARE STATE MEDICAL JOURNAL.

MR. MORRIS: I am reading this report by the Managing Editor by request.

Report of the Managing Editor
August 1, 1955 to August 1, 1956
A. Checking Account

Balance in Checking Account, August 1, 1955		$ 1,338.85
Receipts		
Advertising	$15,566.58	
Subscriptions	1,154.00	
Single Copy Sales	21.00	
Royalties	1.01	
Interest U. S. Bonds	87.50	
SMJAB—Share Profits	659.77	
Copy—History of the Med. Soc. of Del.	3.00	
Reimbursement for Cuts	271.92	$17,764.78
Disbursements		
Editorial Salary (including withheld taxes)	$ 2,700.00	
Secretarial Salary	530.00	
Printing & Mailing Journal	11,815.77	
Halftones	12.22	
Flowers	12.00	
Telephone & Postage	20.84	
Typewriter Repair	5.70	
Stationery	114.00	
Copyright Fees	48.00	
Addressing Journals	120.00	
Postage Deposit	50.00	
Insurance	176.61	
Social Security Provision (July)	5.00	
Stenotyping-Medico-Legal Symposium	100.00	
		$15,710.14
Tax Provisions Still in Bank	$ 15.59	
Less August Salaries Paid	279.41	
Balance in Checking Account August 1, 1956 (i.e., conclusion of business, July issue)		$ 3,129.67
Surplus from Operations, Aug. 1, 1955 to Aug. 1, 1956		$ 1,790.82

B. Savings Account

Savings Account, Wilmington Trust Company, August 1, 1956		$ 1,694.27
Interest on Savings Account	$ 16.98	
Savings Account, Wilmington Trust Company, August 1, 1956		1,711.25
Savings Account, Wilmington Savings Fund Society, August 1, 1955		3,418.39
Interest on Savings Account	$102.54	
Savings Account, Wilmington Savings Fund Society, August 1, 1956		3,520.93
Balance in Savings Accounts, August 1, 1956		5,232.18

C. War Bonds

U. S. War Bonds Purchased December 10, 1942	$ 3,502.38
U. S. War Bonds, Balance, August 1, 1956	3,502.38

Summary

Checking Account Balance	$ 3,129.67
Savings Account Balance	$ 5,232.18
War Bonds	$ 3,502.38
Total, Account, A. B. C.	$11,864.23

Respectfully submitted,
M. A. TARUMIANZ, *Managing Editor*

PRESIDENT VAN VALKENBURGH: This financial report of the Managing Editor is of course an increase in the balance over last year. I believe last year there was a deficit of $600; this year there is a slight profit, $1,800, which is very good. Are there any comments?

DR. LEVY: I think the JOURNAL should be complimented for their better showing this year.

PRESIDENT VAN VALKENBURGH: I agree with you. Is there a motion to accept the financial report of the Managing Editor?

DR. E. R. MCNINCH (Kent County): I make such a motion.

(The motion was seconded and carried.)

PRESIDENT VAN VALKENBURGH: The report of the Committee on Public Laws.

Committee on Public Laws

The Committee on Public Laws for the State of Delaware Medical Society wishes to make the following report for the year 1955-56.

The Delaware State Legislature has not acted on any legislation which involved the practice of Medicine in the State of Delaware in the past year.

A summary of the Federal Laws concerning Medicine is to be found in a recent Washington News Letter published by the American Medical Association and need not be repeated here.

This State Society is particularly indebted to former President, Dr. L. B. Flinn, who very

ably represented our State Society's views during the U. S. Senate Finance Committee hearings on H.R. 2275. Although the eventual passage of this Bill was not in our favor, it should be noted that the U. S. Senators from the State of Delaware, Senators Williams and Frear, both voted in accord with the views of our State Society until passage of the Bill was inevitable. We wish to record our personal and collective gratitude to these Delaware representatives in the U. S. Senate for the cordial reception they afforded Dr. Flinn and for their sympathetic understanding demonstrated by their efforts to defeat this legislation.

Respectfully submitted,
J. ROBERT FOX, *Chairman*
DR. W. O. LAMOTTE, JR.
DR. R. W. MURRAY
DR. J. S. MCDANIEL, SR.
DR. JAMES BEEBE, JR.

PRESIDENT VAN VALKENBURGH: The Budget Committee. I recognize Dr. Levy.

Committee on Budget

Proposed Budget for 1957

Receipts	
Dues, Current (370)	$18,500.00
Exhibits	545.00
Dinner Tickets (100)	750.00
Dividends	150.00
Journal's Secretarial Salary	480.00
	$20,425.00
Disbursements	
Salaries	
Executive Secretary	$ 5,500.00
Stenographer	1,500.00
Taxes (S.S.)	114.00
	$ 7,114.00
Operations	
Journal Subscriptions (400)	$ 1,200.00
Com. on Public Laws	200.00
Com. in Med. Serv. & Pub. Rel.	100.00
AMEF Com.	75.00
Grievance Board	25.00
Expense of Implementation, Medicare Program	50.00
Com. on Medico-Legal Relations	300.00
Other Committees	200.00
Auditor	175.00
Miscellaneous	200.00
	$ 2,525.00
Office	
Rent	$ 900.00
Telephone & Telegraph	225.00
Printing, Stationery, Postage	350.00
Miscellaneous	150.00
	$ 1,625.00
Travel	
AMA Delegate	$ 600.00
AMA Conference	650.00
Local	150.00
Guest Speakers	400.00
	$ 1,800.00
Annual Meeting	
Rental	$ 850.00
Program & Tickets	250.00
Badges	50.00
Projection Service	100.00
Stenotyping	350.00
Luncheon, Reception, Dinner	2,000.00
	$ 3,600.00
Total	$16,664.00
Surplus	$ 3,761.00

Respectfully submitted,
CHARLES LEVY, *Chairman*

It was moved, seconded and carried that the Budget Committee report be accepted.

PRESIDENT VAN VALKENBURGH: We will now have the report on the Woman's Auxiliary.

Woman's Auxiliary

The membership of the Woman's Auxiliary to the Medical Society of Delaware sends greetings to the Auxiliary to the American Medical Association.

Delaware is 100% organized, there has been an increase of 22 new members during the year, total membership 246, and each county has been active in the State program. The year has been a stimulating and lucrative one.

American Medical Education Foundation

Delaware has increased its contribution to the American Medical Education Foundation by 172 over last year's total. The counties have contributed 100%. The increase was achieved through a request for a percapita quota, and through memorial contributions. The counties cooperated with the 80 Dimes campaign through individual efforts.

Today's Health

Every county in Delaware has a Today's Health Chairman. Booths were set up at the annual meeting and the State chairman took this opportunity to solicit for subscriptions. Christmas forms were sent out to members in an effort to secure Christmas gifts subscriptions. The total number of subscriptions for this year is 242.

Bulletin

Each county has a Bulletin chairman and though the showing was not outstanding there was some increase in the number of subscriptions this year, totaling 45 subscriptions. A Bulletin booth was set up at the annual meeting and subscriptions solicited.

State Medical Society

The Auxiliary has enjoyed close cooperation with the Medical Society of Delaware and met with the Advisory committee once during the year.

State Auxiliary Activities

Due to the small size of Delaware the President is able to keep in close contact with each of the three counties and has been able to carry on statewide projects on that basis. The only publication the Auxiliary enjoys is an occasional column in the STATE MEDICAL JOURNAL.

In Public Relations the Auxiliary has had a good year. Individual members have given innumerable hours of service to the boards of the hospitals, the President-elect serving as a very active member of the Auxiliary to the State Mental Hospital. The New Castle Auxiliary had held teas at the hospital for the patients. Literature has been sent to the local schools and the President of the Auxiliary has provided one program for a local P.T.A. and has participated in two more. Members have assisted in the "Spring Round-ups" for physical examinations of children entering the first grade the next Fall. Through individual participation the Auxiliary has contributed many hours of service to the Community Health projects, including Chest x-ray Centers, Cancer Drives, Polio Drives, Red Cross. etc. Speakers have been procured for School P.T.A. programs through the State Board of Health. Several members of the Auxiliary are serving as

Brownie Leaders and Den Mothers for the Scouts.

The Legislative Chairman has kept the members informed of pertinent developments in legislation both on the local and national level. Letters were written to the Congressmen of Delaware re Bill HR 7225.

The publicity for the Auxiliary this year has been increasingly good in that more news has been published in the smaller papers, covering the State. News releases have been sent and published simultaneously in several small town papers. The local radio station in Dover gave two personal interview programs for the publicizing of the Mental Health program sponsored by the Auxiliary in Dover during Mental Health week. Two window displays were set up in Pharmacy windows for Mental Health week.

Auxiliary records have been kept up to date and in good order. The President is responsible for the files of the Auxiliary and has re-organized and revised the present files.

The Nurses' Scholarship Fund has been continued and last year four scholarships were awarded to girls going into training. The Auxiliary is also given the charge of screening girls for eight scholarships awarded by the Rotary Club of Wilmington, Delaware. A total of twelve scholarships were given this year. At present there are nine girls in training on Auxiliary scholarships. The Auxiliary cooperated with the State Nurses' Association this year in putting on an all day Career Conference in Dover, Delaware on April 28th. There were approximately four hundred students present. The Auxiliary assisted in providing luncheon and transportation for the students.

The outstanding achievement this year in the Auxiliary's activities was the sponsoring of a Mental Health Program "Your Mental and Emotional Health", given in Dover, Delaware during Mental Health Week on May 2, 1956. Dr. Paul H. Stevenson of Baltimore, Maryland was the guest speaker and conducted a question and answer period after his address. The program was presented with the assistance and guidance of the State Mental Health Association.

The Civil Defense Chairman has carried out in every possible way the recommendations of the National Chairman. Letters and literature were mimeographed and distributed to every member of the Auxiliary throughout the State. Several members have participated in Home Nursing Courses.

The President has cooperated with the State Chairman of Federated Women's Clubs in Safety and has relayed their recommendation to the members of the Auxiliary. The President was invited to participate in the Eastern Regional Conference on Traffic Safety by the President's committee but was obliged to send regrets due to State Annual meetings to which she had already accepted invitations to attend.

The New Castle Auxiliary meets one night a month to sew garments for the Visiting Nurses' Association in Wilmington. The Kent County Auxiliary prepared cancer dressings for use in private homes for the Cancer Society.

Since assuming the presidency in October 1955 the President has attended the State Annual meetings of New York and Maryland, the mid-year conference in Chicago, and the Annual Convention in Chicago in June. She has appeared on one radio interview for publicity for Mental Health program. On the local level there have been four executive committee meetings and the President attended one meeting of each county as a guest speaker. The President attended the card party of the New Castle Auxiliary given for the Nurses' Scholarship Fund, attended one meeting of the State Nurses' Association in preparation for the Career Conference, and modeled in a Fashion Show given by the nurses of Kent General Hospital, Dover, Delaware.

The most gratifying experience to date has been the complete cooperation and enthusiasm of the members of the Auxiliary and the willingness of each member to do a little more than was asked of her. The President has made a real effort to cooperate in every way possible with the Program of the National Auxiliary. The experience has been a most satisfying one.

Respectfully submitted,
LASSELL R. COMEGYS, *President*

PRESIDENT VAN VALKENBURGH: Is there discussion of the report of the Woman's Auxiliary Committee?

DR. LEVY: I move that it be accepted.
(The motion was seconded.)

PRESIDENT VAN VALKENBURGH: A motion has been made and seconded that the report be accepted.

DR. MCGUIRE: Mr. President, I think there should be a little more than acceptance to that very excellent report because it seems to me that acknowledgment and thanks and appreciation are in order. I do not think we properly appreciate — I think probably Dr. Murray has some experience in it and I am getting it now — as to just what this involves because I am sure Mrs. Comegys gave great leadership to the Society this past year, in her warmth and attitude, intelligence, energy and devotion. So I think that this House should send an appropriate note of thanks for the contribution that they have made, and I think they are, on a national level, singularly more aware of the need for contributing to the American Medical Education Foundation than we men. That is a special project of theirs, and they are doing an excellent job.

So I think it would be ungracious of us not to acknowledge this with an appropriate letter from the President through the House, or through the House by the President, of this excellent report and the fine contribution that these ladies are making — aside from being our wives.

PRESIDENT VAN VALKENBURGH: Thank you, Dr. McGuire. Do you incorporate that in your motion, Dr. Levy?

DR. LEVY: By all means.

PRESIDENT VAN VALKENBURGH: It has been moved and seconded that we accept this report with thanks and gratitude and send the Woman's Auxiliary a letter stating those facts. Those in favor say "aye".
(The motion was carried.)

PRESIDENT VAN VALKENBURGH: The report of the Cancer Committee.

Committee on Cancer

The Society has no formal cancer program. Individual members have been active in the Delaware Division of the American Cancer Society.

The tumor registry of the State Board of Health recorded 1,184 cases of cancer in 1955, a slight increase from 1,176 in 1954. These are cases treated in Delaware. The ACS and Board of Health cancer detection programs serve a limited number of women. During the year 1955 there were 130 cases of breast cancer and 80 cases of cervix cancer recorded by the registry. During its fiscal year the ACS detection program discovered 5 cancers in these two locations. This means that 97.6% of the cases in these sites were discovered by the patient or the physician in his office, emphasizing the importance of the office as a detection center.

The Radioisotope program at the Memorial Hospital continues to expand and its usefulness has been demonstrated throughout the state. To date there is no installation of supervoltage x-ray therapy in Delaware, but such equipment is contemplated in one or more Wilmington hospitals.

Last year the Cancer Committee recommended "that some thought be given to the establishment of a Cancer Review Board, whose duty it would be to survey those cases in which unusual patient or physician delay seemed evident". No action has been take on this recommendation. A lot of undesirable work would be required to make such a board function effectively. Its necessity should be fully justified before it is established. Reports to the tumor registry have a space for the time elapsing between the patient's first consultation with a physician and definitive treatment. In 1955, 36.7% of the reports sent to the tumor registry did not list this time. This was true of reports from private physicians as well as hospitals, and there was no significant variation in the reports from individual hospitals in this regard. Whenever the time interval was listed, it was almost always less than one month.

The following recommendations are made:

1. That tumor committees of the various hospital staffs insist that the time interval between the patient's first consultation and his treatment be recorded in every case.
2. That the tumor committees review these reports periodically in search for any case with unusual physician delay, and make the case one for discussion at staff conferences, with all physicians concerned informed of the discussion.
3. If physician delay is a problem too difficult for the local tumor or record committees, the formation of a Cancer Review Board might then be considered.

Respectfully submitted,
LESLIE M. DOBSON, *Chairman*

DR. CANNON: I think this grew out of a report last year where they suggested the possibility of a Cancer Review Board for the purpose of considering delay between first consultation and treatment.

PRESIDENT VAN VALKENBURGH: I believe Dr. Dobson is to get in touch with all the hospitals concerned, and tumor clinics are to be sent a copy of this recommendation.

DR. CANNON: I think the main point was if it is recorded somewhere in the record, then the data can be compiled and information obtained about possible delay.

PRESIDENT VAN VALKENBURGH: What is the action of the House on this recommendation?

DR. BAILEY (Wilmington): I move that it be accepted.

(The motion to accept the recommendations of the Cancer Committee was seconded and carried.)

PRESIDENT VAN VALKENBURGH: The report from the Tuberculosis Committee.

Committee on Tuberculosis

The Special Committee on Tuberculosis of the Medical Society of Delaware held no meetings during the past year. It has continued to cooperate with the various programs of the Delaware Anti-Tuberculosis Society.

Respectfully submitted,
DR. ALLSTON J. MORRIS

PRESIDENT VAN VALKENBURGH: The Committee on Maternal and Infant Mortality.

Committee on Maternal and Infant Mortality

The Maternal and Infant Mortality Committee of the Medical Society of Delaware has again been requested to review the statistics for the past year and to comment on our efforts where comment seems necessary. As in the report for the calendar year 1954, Obstetricians have reviewed the Maternal Mortality portion of this report and the Pediatricians have let us know how safe it is for a baby to choose Delaware as his natal state.

1955 County	Number of Births	Maternal Deaths
New Castle	7,449	6
Kent	1,247	0
Sussex	1,873	1
State — Total	10,569	7

* * * * *

	Death Rate per 1,000 Live Births	Corrected Rate
New Castle	0.80	0.40
Kent	0.00	0.00
Sussex	0.53	0.53
State	0.66	0.37

* * * * *

These figures include all maternal deaths from whatever cause. The various deaths will be examined below and, fortunately, can honestly be revised downward. The corrected rates for the past six years are as follows:

Year	Number of Deaths	Rate per 1,000 Live Births
1950	7	0.9
1951	6	0.7
1952	4	0.5
1953	8	0.8
1954	2	0.2
1955	7	0.37

In this list of maternal deaths there were two mothers who died as the result of criminal abortions. One developed tetanus as the result of instrumentation, the other died as the result of an overwhelming pelvic infection and peritonitis. Neither of these can be classified as an obstetrical death.

Also in this list of maternal deaths, there was one patient, seven months pregnant, who died as a result of tuberculosis. This, too, was not an obstetrical death.

The fourth maternal death coming under scrutiny is that of a patient who had no pre-natal care whatsoever. The patient was near term and started vaginal bleeding several days before her untimely end. According to the statement of the husband and father, at the onset of the bleeding, he suggested calling their family physician; but the patient — in effect — told him "that she would know when she was ready, and did not need her doctor at that time." According to the family physician, he seriously doubted that statement and felt that quite likely the husband refused medical attention. Suffice it to say, the mother died of a massive hemorrhage as the ambulance approached the hospital driveway. This is definitely an obstetrical death, but the responsibility is that of the patient. In the broader sense, however, have we fallen down in preaching the gospel of good prenatal care?

The fifth maternal death is definitely the responsibility of the staff physician to whom was entrusted the care of hospital service obstetrical patients.

TABLE I-A

	Delaware	Wilmington General	Memorial	St. Francis	Riverside	Kent General	Milford Memorial	Beebe	Nanticoke	U.S.A.F. Hosp. Dover	Home	Total
Total live births	2,831	1,964	1,377	821	159	818	873	376	378	346	626	10,569
Deaths in 1st 7 days	39	34	18	15	4	12	10	4	7	5	4	152
Deaths/1,000 live births in 1st 7 days	13.8	17.3	13.1	18.3	22.2	14.7	11.5	10.6	18.5	14.0	6.4	14.4
Deaths in 1st 24 hours	18	28	9	9	3	8	7	0	5	3		
Deaths/1,000 live births in 1st 24 hours	6.4	14.3	6.5	11	18.9	9.8	8	0	13.2	9		
Deaths in 1st 7 days weight over 1,000 gms.	29	19	12	9	3	8	8	3	5	1		
Deaths/1,000 live births in 1st 7 days weight over 1500 gms.	10.2	9.7	8.7	11	18.9	9.8	9.1	8	13.2	3		
% Deaths previable prematures 500-1,000 gms.	25.6	44.1	33.3	40	25	33.3	20	25	28.6	80		
% Deaths viable premature 1,000-2,500 gms.	38.5	32.4	55.6	20	25	41.7	80	75	57.1	20		
% Deaths full term over 2,500 gms.	35.9	23.5	11.1	40	50	25	0	0	14.3	0		

A multi-gravid obstetrical patient, in active labor, was admitted to the hospital at about noon of one day. By noon of the following day she was dead, undelivered, because of a ruptured uterus. During this period of twenty-four hours, she was seen in turn by three interns. The transverse lie was not detected nor was any lack of progress reported to the attending Obstetrician. This was a preventable death.

The sixth maternal death is also considered obstetrical. The mother-to-be was an elderly, age 40, prima-gravid patient who was known to have had a pre-existing essential hypertension. At the time of admission the blood pressure was charted as 170/90. Labor apparently progressed satisfactorily until the physician used forceps for delivery; and when this was completed, the blood pressure was recorded as 110/70. The amount of blood loss was apparently ignored for no notation was made and no attention was paid to this great change in one of the vital signs.

Two hours after delivery the patient was found to be in shock and bleeding freely. As it subsequently turned out the shock was not reversed and the patient died nine hours after delivery. Several notations on the patient's chart showed that despite the profuse vaginal bleeding, the fundus was firm. The attending physician did not see the patient until four hours after delivery; this was two and one-half hours after the state of severe shock was reported and then not again until a few minutes before death. No attempt was made to discover the cause of the bleeding; whether, just possibly, there might have been a laceration of the vagina or of the cervix. Furthermore, no consultation was requested until one-half hour before death; this was more than six hours after the state of shock was discovered.

This death must be classed as being preventable with the responsibility that of the attending physician.

The last maternal death is also an obstetrical death, and, from the record, due to poor judgment. Today, tubal ligation is not considered a valid indication for an elective Caesarean Section.

This patient, aged forty-two, was at term in her third pregnancy and had a proven pelvis. She was subject to convulsive seizures and a neurologic consultant had recommended a tubal ligation.

The patient was in moderately active labor on admission and labor picked up rapidly. An elective Caesarean Section was chosen as the mode of delivery. The only reason for this mode of delivery was the suggestion made by the neurologist that the patient should have no more pregnancies, and therefore the tubal ligation could be done at the same time. At the time of section, labor had progressed so favorably that there was but a rim of cervix left and the presenting part was at a plus '2' station.

To condense the recapitulation, while the baby was being extracted, the lower uterine segment was lacerated into the cervix with the resultant

TABLE I-B

	Delaware	Wilmington General	Memorial	St. Francis	Riverside	Kent General	Milford Memorial	Beebe	Nanticoke	U.S.A.F. Hosp. Dover	Total
Undetermined	7	16	6	7	1	7	8	3	6	4	65
Hyaline Membrane	8	2	4	2		1					17
Congenital Anomalies	9	8	2	3	2				1		25
Intrauterine Anoxia	5	3	2	1	1	1	1				14
Intracranial Hemorrhage	7		1			2		1		1	12
Erythroblastosis Fetalis	0		1	1 (hydrops)							2
Intrapulmonary Hemorrhage		2									2
Pneumonia	1	1	2			1	1				6
Pleural Effusion — cause unknown	1										1
G.I. & Intraperitoneal Hemorrhage	1										1
Pulmonary Interstitial Emphysema & Mediastinal Emphysema				1							1
Hemorrhage due to Laceration of Liver and Spleen		1									1
Improper Medication		1									1
Total	39	34	18	15	4	12	10	4	7	5	148
% Undetermined	18	47	33.3	46.7	25	58.4	80	75	85.7	80	44
% Autopsies	74.4	44.1	67	53.3	0	33	0	25	0	20	45.8

loss of a moderately severe amount of blood. Hysterectomy was performed, and from the notes: Comparing blood loss with replacement therapy, the patient was apparently drowned.

It is felt that this obstetrical death was the responsibility of the attending physician.

Report on Neonatal Infant Mortality for the Year 1955

During 1955, the total number of live births in the state of Delaware was 10,569. As in the report of one year ago, the purpose of this study is to account for the 152 deaths which occurred during the first seven days of life in order to reveal those phases of obstetric and pediatric management which require more attention, if the preventable neonatal death rate is to be lowered.

Study Sources

The charts of the babies and mothers were examined and the following data noted:

1. Race
2. Period of gestation
3. Age of death
4. Autopsy
5. Cause of death
6. Contributing factors in the baby
7. Contributing maternal factors.

This material is summarized for each hospital in Tables I-A and I-B.

The individuals who reviewed the charts attempted to objectively evaluate each case and classify it into one of three categories — "preventable", "possibly preventable", or "non-preventable". The cases which were deemed preventable or possibly preventable are summarized in Table II.

The definitions used are those recommended by the U. S. Bureau of Census (see Addenda #1).

ADDENDA #1

Infant Mortality — number of deaths/1,000 live birth

Definitions recommended by U. S. Bureau of Census

1. Neonatal death — any live born infant over 500 gms. dying in 1st month.
2. Stillborn — one which shows no evidence of life after complete birth (no breathing, no action of heart, no movement of voluntary muscles).

   Birth is complete when child is completely out, even though the cord is uncut and placenta is still attached.

   Period of utero-gestation for registration of stillbirth is 5 months (20 weeks) or more.
3. Distinction between abortion and live birth.

   Since infants estimated to be less than 28 weeks gestation have lived, it is recommended that if an infant shows any "signs of life" after birth, the birth should be certified as a live birth regardless of

TABLE II (a)
POSSIBLY PREVENTABLE

Previable Prematures		
1.	1 lb. 7 oz. —6½ mos. Delaware	Demerol 50 mg., 20 minutes before delivery. Intraventricular hemorrhage — marked cyanosis of head and face.
2.	2 lbs. 2 oz. — 5 mos. Memorial	On 5th day — aspirated milk — autopsy — bronchopneumonia.
Viable Prematures		
1.	5 lbs. 8 oz. — 7 mos. Delaware	Lived 10 hours. Mother diabetic — admitted for control of diabetes and went into labor. Baby cyanotic with convulsions and pulmonary congestion.
2.	4 lbs. 14 oz. Delaware	Thought to be full term — placenta small. Demerol 100 mg. — ½ hour before delivery. Became cyanotic — convulsions — autopsy showed only cerebral edema.
3.	3 lbs. 11 oz. — 7 mos. Memorial	Precipitated in Emergency Room — in labor for 12 hours before coming to hospital. Mother's temperature 103 degrees F. Had pneumonia and Hb 8.8 gm. Baby lived 1½ hours. Autopsy revealed no true cause of death.
4.	3 lbs. 7 oz. Memorial	Second day aspirated milk — feedings continued without notifying the doctor.
5.	5 lbs. Memorial	Thought to be full term — admitted for Caesarean Section because of 3 previous sections. Not in labor. Hb 8.0 gm. Anesthesia — pentothal and cyclopropane. Autopsy — hyaline membrane.
6.	3 lbs. 4 oz. Riverside	Breech extraction — Demerol 100 mg. 1 hour before delivery. Baby cyanotic — in Ox. for 1 hour before becoming pink. Died at 6 hours.
7.	4 lbs. 13 oz. Beebe	Low forceps — subdural hemorrhage with tentorial tear.
Full Terms		
1.	7 lbs. 13 oz. Memorial	Lived 14 hours — Erythroblastosis — Mother followed closely in Clinic — had rising titer — labor 24 hours. Blood studies done at birth, but no pediatrician was asked to see baby until respiratory distress began 6 hours after birth.
2.	7 lbs. 11 oz. Kent	Low and mid forceps applied — rotated from LOT to LOA. Subdural hemorrhage.

TABLE II (b)
PREVENTABLE

Viable Premature		
1.	3 lbs. 6 oz. Wilmington General	Twin. Baby collapsed immediately following clysis of undiluted Ringer's lactate solution. Skin of entire back look gangrenous — extended to involve nearly all of the thorax. Expired within next 4 hours. Apparently was developing sclerema before clysis was given.
Full Term		
1.	6 lbs. Delaware	No pre-natal care — didn't know she was pregnant. Arrived at Emergency Room with head delivered. Generalized hemorrhages — including intracranial hemorrhage.
2.	5 lbs. 14½ oz. Memorial	Did well for first 18 hours. Then periods of cyanosis. Feedings were contined in spite of labored respirations. Pediatric consultation not requested for 18 hours after distress began. Autopsy — aspiration pneumonia.
3.	8 lbs. 9 oz. Wilmington General	Large woman with toxemia. Head was delivered 15 minutes before rest of body. Patient thrashing all over table during the 15 minutes. Autopsy — lacerations of liver and spleen with massive intraperitoneal hemorrhage. Hemorrhage into all organs.

estimated period of gestation and regardless of time after birth that signs of life persist.

Premature	500	2,499 gms.
Previable Premature	500	999 gms.
Viable Premature	1,000 (2 lbs. 3.2 oz.)	2,499 gms. (5 lbs. 8 oz.)

Discussion

The over-all mortality rate for 1955 was 14.4 with the range among the hospitals being from 10.6 to 22.2. In 1954 the rate was 18.1 with a wider range from 12.7 to 33.1. The birth rate is not high enough for this change to be of statistical significance (P-3.4). However, it strongly suggests that improvement has occurred, especially since every hospital except one has had some degree of fall in the rate. The Memorial Hospital in Wilmington and the Beebe Hospital in Lewes are the only two hospitals in which the drop has been great enough to be recognized as a good statistical improvement. If this general trend should continue for another year, it would probably indicate certain improvement in care.

The exact cause of death can be determined only by composite analysis of the baby's and mother's clinical courses, laboratory studies and the post-mortem examination of the baby. The overall autopsy percentage changed from 40.1% in 1954 to 45.8% in 1955. This is not a significant improvement except to note that the Delaware, Wilmington General, Memorial and St. Francis Hospitals all increased their autopsy rates, while all of the other hospitals dropped. The Riverside, Milford Memorial and Nanticoke had no autop-

sies at all. The importance of autopsies is shown in Table I-B. Note that the per cent of cases in which the cause of death remained undetermined is nearly inversely proportional to the autopsy percentage for each hospital. Prematurity, per se, cannot usually be considered as a primary cause of death, since a carefully done autopsy often reveals some other cause. Likewise, atelectasis, in itself, is not an adequate cause of death, since it is usually secondary to some other factor, such as intracranial hemorrhage. Even with a post-mortem examination there is a small percentage of cases in which a definite cause of death cannot be determined.

There were 51 deaths in the previable premature group (500-1,000 gms.). Two of these have been mentioned because we know an occasional baby of this weight will survive. The omission of sedation during labor when a premature baby is expected is important. Since the feeding of a baby of this size is difficult, well trained nursing personnel may prevent aspiration pneumonia.

The viable premature group (1,000-2,500 gms.) had 61 deaths. Seven of these were considered possibly preventable and one preventable. Three of the mothers might have had better pre-natal care. Better control of maternal diabetes might have resulted in a healthy baby. The mother with pneumonia could have been treated before delivery, if she had been urged to ask for care. Correction of maternal anemia before a Caesarean Section might have reduced the baby's tendency for anoxia, especially when general anesthesia was to be used. In the case that it is listed as preventable, the infant probably would not have survived anyway, since sclerema had already begun. However, the immediate cause of death was a gross error in nursing technique.

Of the 36 deaths in the full term group, five babies are of importance. Two would probably have lived if the correct therapy had been instituted without delay. When a mother has Rh negative blood with a rising titer, the pediatric staff should be alerted as soon as labor begins, so that preparations can be made to have blood available and an adequate staff to do an exchange transfusion, if necessary, within an hour after delivery. The baby who had aspiration pneumonia would certainly have had a better chance if antibiotics, oxygen, and humidified air could have been started 18 hours earlier. The other three babies had hemorrhages as the cause of death, all on a traumatic basis.

General Comments

Last year this committee outlined the responsibility for the care of the newborn as being a combination of obstetric management, clinical judgment in the care of the newborn, especially prematures, and nursing care.

From the obstetric standpoint, the relationship of sedation during labor, intrauterine anoxia, and production of hyaline membrane was stressed. In the 1955 group, a striking factor is inadequate or complete lack of pre-natal care. At least twelve cases were to some degree influenced by correctable pre-natal conditions. This is a phase of obstetric care that should not be too difficult to attack.

For the pediatricians, the management of erythroblastosis fetalis seemed to be an area where improvement could easily be attained. Excluding hydrops, only one baby died of this cause in 1955, compared to 4 in 1954. The pediatric responsibility that seems to be most urgent in the 1955 group is the supervision of nursing care. Each of the two years studied has revealed the death of one baby due to gross error on the part of a nurse. More careful supervision and instruction to nurses, not only concerning feeding and administration of medications, but also recognition of abnormalities in the newborn are greatly needed. Nurses should be encouraged to call the physician whenever there is any doubt concerning the well-being of any infant, since any error in nursing care is the ultimate responsibility of the physicians in charge.

More joint conferences of nurses and physicians to go over errors and how to prevent them were recommended. Of the ten hospitals, four have had no mortality meetings, five had had discussions of neonatal deaths at one or two month intervals, and the tenth has monthly discussions of deaths plus one joint meeting of the pediatric and obstetric department.

All hospitals except one report that the "American Academy of Pediatrics Manual for Care of the Newborn" is used as a standard.

Summary

In the State of Delaware, during 1955, there were 10,569 live births, 152 of which resulted in death within the first seven days of life. Four deaths occurred at home. The hospital deaths were grouped as:

Previable Prematures	51 - 34.3%
Viable Prematures	61 - 41.3%
Full Term	36 - 24.3%

Comments were made concerning the apparent needs for better care.

Recommendations

1. That this report be sent to the director of each hospital in Delaware for consideration by all those involved in the care of the newborn infant.
2. That improved pre-natal care be urged through the facilities of the State Board of Health.
3. That all physicians exert more effort to obtain post-mortem examinations on all neonatal deaths.
4. That more frequent joint meetings of pediatricians, obstetricians and nursing staffs be held to discuss specific needs in the individual hospitals in order for services to improve.
5. If this study is to be continued, it is suggested that the deaths be reported to this Committee at more frequent intervals, and soon after the deaths have occurred. When the details of the case are still clear in the minds of those caring for the baby, a more accurate evaluation can be made.

A report form similar to that used by the Philadelphia Neonatal Study Committee might be advisable.

A committee could be set up in each hospital to include representatives from the pediatrics and obstetrics departments. This committee would review each neonatal death within a month after it occurred and objectively decide its classification. The Philadelphia group rates the responsibility in three ways.

A. Obstetric
B. Pediatric
C. Combined

I. Preventable
II. Nonpreventable
III. Unclassifiable

1. Inadequate pre-natal care
2. Family at fault
3. Physician, error in judgment
4. Physician, error in technique
5. Intercurrent disease

Continued on Page 326

Editorial

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TRUISMS

A story frequently told about President Calvin Coolidge is that upon returning from church one Sunday he was asked the subject of the sermon.

"Sin", replied the President with Yankee brevity.

"What did the preacher say about it?" he was asked.

"He was agin' it", was his succinct answer.

That is a truism.

Doctors Warren Cole and Max Sadove, in a recent issue of the Journal of the American Medical Association,* published an article on *The Need for Complete Cooperation Between Surgeon and Anesthesiologist*. This seems to equal the Coolidge story.

* Cole, W. H. and Sadove, M.: The need for complete cooperation between surgeon and anesthesiologist, J. A. M. A. 162:437 (Sept. 29) 1956.

Doctors Cole and Sadove outlined a general assignment of duties between individual members of these two specialties.

They believe that the surgeon should expect the anesthesiologist to be familiar with the patient's condition before the operation; to inform the surgeon preoperatively of the type of anesthetic agent contemplated; to have adequate knowledge of anesthetic agents, methods of resusitation and fluid balance; to manage change of patient's position on the table; to constantly observe the vital functions of the patient and give adequate warning of any serious cardiac complication; to supply relaxation consistent with safety; to keep adequate and accurate records; to see that the patient is returned to the recovery room with adequate information to insure proper management; to use simple technique; to consult the surgeon regarding postoperative management of respiratory complications and shock.

On the other hand the anesthesiologist can expect the surgeon to discuss the case with him and inform him regarding the type of surgery planned; to make preoperative preparations to minimize shock; to have no prejudice against certain agents or techniques and to be reasonable in accepting the anesthesiologist's decision; to allow adequate time for induction; to have an understanding of the anesthetic problems; to make an adequate incision so that relaxation need not be complete; to minimize the use of adnormal positions; to operate with speed, causing minimal trauma and blood loss; to stop the operation when requested to do so; to inform the anestesiologist of any change in the operative plan and to give adequate warning of wound closure; to write immediate postoperative orders but to be receptive to the anestehsiologist's advice.

It is commonplace for an anecdote to be based upon a truism; this is not so of a scientific paper. The authors of this article are excellent writers in addition to being men with profound experience in their respective medical specialties. We must con-

clude, therefore, that in some localities the cooperation between members of these two branches of medicine leaves something to be desired.

While anesthesiology is a relatively new branch of medical science, it has been warmly welcomed to its well deserved position of importance and respect. Delaware is fortunate in having an exceptionally outstanding group of experienced anesthesiologists. We believe that the artcle by Cole and Sadove is indeed a truism in this State.

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6. Unavoidable disaster

This more uniform method of receiving cases would afford a more accurate statistical analysis at the end of each year.

The information for this report was compiled after arduous and painstaking "thumbing-through" of what seemed innumerable hospital charts and records. In addition to the Committee, the following physicians gave of their time and efforts:

DR. JOHN BAKER, Milford
DR. EUGENE MILEWSKI, Wilmington
DR. CARL PIERCE, Lewes

Our thanks to them.

Furthermore, your Committee wishes to acknowledge the assistance of the State Board of Health, especially Drs. Hudson and Sabloff.

Respectfully submitted,
Maternal and Infant Mortality Committee
DR. KATHERINE ESTERLY
DR. R. O. Y. WARREN
DR. LAWRENCE FITCHETT
DR. PAUL TRICKETT
DR. BENJAMIN BURTON
DR. ARNOLD WILLIAMS
DR. ANDREW M. GEHRET, *Chairman*

PRESIDENT VAN VALKENBURGH: The Committee on Mental Health.

Committee on Mental Health

I do not have much to report, however, since there has not been a clarification of the situation about which I wrote to you on April 3. You will recall that the committee held its first meeting on March 27. Those members who were present expressed some disappointment concerning the lack of action, which was taken in response to the committee's report in 1955. It is my feeling that this situation needs to be talked over if the committee is to be more productive and successful in the future. I should like to stress that the members of the committee with the exception of Dr. Lagner, Smyrna, and Dr. Lynch, Seaford, expressed great willingness to participate in committee activities and develop a meaningful program to be submitted to the society. Doctors Lagner and Lynch, however, did not acknowledge two letters of invitation to the meeting which I had sent them and they did not inform me whether or not they wanted to serve on the committee.

The Committee on Mental Health feels that it would be a worthwhile project to survey the present facilities on psychiatric treatment, which are available in the state, and to write an informative booklet on these findings for the members of the society. We felt this could be done without much cost. At present many physicians in the state, especially those south of Wilmington, do not know how to proceed with respect to psychiatric consultations for their patients, as they do not know what services are available.

I am fully aware that the society does not have the means to give financial assistance for the Mental Health meeting in Chicago. I appreciate that the council has given this matter consideration. I shall see whether or not some other funds might be available to them in order to represent the Medical Society of Delaware.

As to the second matter referred to by Dr. Cannon, I am not quite clear whether this should not have been discussed in greater detail in order to arrive at a proper understanding. After all, the 1955 Mental Health Committee Report has been accepted and passed by the House of Delegates. I urge that this matter be reconsidered. The American Medical Association has taken an official stand and I do feel that we should act accordingly.

Respectfully submitted,
F. A. FREYHAN, *Chairman*

PRESIDENT VAN VALKENBURGH: The report on Heart Disease.

Committee on Heart Disease

In the State of Delaware, regular heart clinics are held at the Memorial Hospital and the Delaware Hospital in Wilmington; the Wilmington General Hospital includes its heart patients in its general medical clinic. In addition to these regular clinics, which are usually held at weekly intervals, the Delaware Heart Association sponsors a screening clinic for congenital heart disease chiefly, which is open to indigent patients by appointment through Mrs. Sullivan, at the Delaware Hospital, on the second and fourth Tuesdays of each month. This clinic is attended by Dr. Harry Zinsser of the University of Pennsylvania Heart Foundation Staff, and any other interested members of the various heart clinics in Wilmington. The costs for this Clinic are assumed by the Delaware Heart Association.

The realization of providing for a need of long standing is coming to pass in the form of a clinic known as the Beebe Clinic of Sussex County Heart Council, with funds provided by the Delaware Heart Association, soon to be started at the Beebe Hospital in Lewes, Delaware. Dr. J. W. Annand, of Georgetown, and Dr. Tormet, will be in charge of this Clinic. It is my understanding that when cases need to be referred to the Screening Clinic above mentioned, the Heart Association will take care of such patient needs.

The research in heart disease is going on in two centers in the State of Delaware. Dr. Ottaker Pollak, at the Kent General Hospital in Kent County, has conducted research in electrophorenis, later in the role of the mast cell in atherogenesis, and, it is my understanding, a new project is either under way or under consideration by Dr. Pollak at this time. Funds for conducting all of this research have been furnished by the Delaware Heart Association. In addition, Dr. A. H. Clagett has received funds from the Delaware Heart Association for the purchase of a ballistocardiograph, which is presently situated at the Memorial Hospital, in Wilmington, Delaware.

As for education in heart disease, numerous lectures, radio programs and television presentations are provided by members of the Delaware Heart Association for lay consumption. The Association regularly sends publications such as "The Heart Bulletin" and "The Modern Concepts of Heart Disease" to all physicians who indicate a desire to receive these publications regularly. If any physician is desirous of receiving these publications, and is not now doing so, he is urged to communicate with the Delaware Heart Association, 1912 Shallcross Avenue, Wilmington, Delaware. In addition to these publications, many other pamphlets are available on all phases of heart disease by contacting the Delaware Heart Association at the above address.

In submitting this report, it is felt that the physicians of Delaware are keeping pace with their responsibilities as regards the over-changing and newer concepts of heart disease as they present themselves.

Respectfully submitted,
EDWARD N. KRIEGER, Chairman

PRESIDENT VAN VALKENBURGH: The report on Diabetes.

Committee on Diabetes

Our Committee regrets that we can report only limited progress, and that in spite of the great amount of work in our last Diabetes Detection Campaign the results were very disappointing.

On the credit side is the fact that a number of Delaware physicians have applied and have been accepted as members of the American Diabetes Association. It has always been the feeling of the Committee that, prior to the successful organization of the lay group it was necessary to enlist the aid of as many members of the State Society who have shown an interest in the problem of Diabetes and Diabetes detection.

In the Diabetes Detection Campaign of November 1955, the Committee had the cooperation of the State Pharmaceutical Society and through the efforts of this organization, posters along with Drey-Pak material were sent to a number of pharmacies in the lower counties of the state. Press and Radio coverage were adequate, as both Medical and Pharmaceutical groups were given space and time. A total of 7,000 Drey-Paks were distributed with a return of only 6%, which is an appalling low figure. This insignificant and disappointing return questions the advisability of continuing with this type of detection.

I do wish to thank the hospital laboratories of the city for their cooperation, as well as, the Delaware State Pharmaceutical Society. The Committee feels that Diabetes Detection Drives in some manner should be continued because, with newspaper and radio publicity, we are furthering public education on a very serious disease.

Respectfully submitted,
CHARLES LEVY, *Chairman*

PRESIDENT VAN VALKENBURGH: You are doing very good work.

The report from the Hospital-Physician Relationship Committee.

DR. CANNON: There were no meetings, no report. We will accept that by title only.

PRESIDENT VAN VALKENBURGH: The report of the Grievance Board.

Committe on Grievance Board

To Members of the House of Delegates:

Your Grievance Board was able to satisfactorily dispose of all matters brought to its attention during the past year. A few of the problems were difficult to solve and required considerable investigation, but the results were well worth the effort put forth.

Your Chairman wishes to take this opportunity to thank all of the members of the Board for their whole hearted cooperation.

Respectfully submitted,
C. E. WAGNER, *Chairman*
M. A. TARUMIANZ
VICTOR D. WASHBURN
BRUCE BARNES
H. W. SMITH

PRESIDENT VAN VALKENBURGH: Is there a motion to accept Dr. Wagner's report?

(A motion was made, seconded and carried accepting the report of the Grievance Board.)

PRESIDENT VAN VALKENBURGH: This Grievance Board has done very good work. We understand that it has kept rather quiet, but we are very grateful to all of them.

The report of the Committee on National Defense.

Committee on National Defense

The Committee held no formal meeting. At the request of the President, I attended a meeting of the "Delaware Joint Disaster Nursing Council" at the Red Cross building on August 15, 1956, the purpose of this being to find out whether or not the state society would help sponsor the appearance of the Walter Reed Medical Disaster Team in Wilmington on October 31 and November 1, at which time a public display of care of mass casualties will be made.

It is urgently requested that representatives from all county medical societies be at this meeting since the ideas and material made public will be very pertinent and can be easily incorporated into each county's individual civilian defense program. All members will be notified about this event through the medium of their local county medical societies.

Respectfully submitted,
WALTER L. BAILEY, *Chairman*

DR. BAILEY: I was the one who sent that report in, but I would just like to mention to the House of Delegates now that this report will be in the JOURNAL. Which issue of the JOURNAL will the report be in?

DR. CANNON: I think it will be October or November.

MR. MORRIS: Probably November.

DR. BAILEY: The meeting which is mentioned in that report is being held in Wilmington in the Armory on the 31st of October and the 1st of November, and the Delaware Joint Disaster and Nursing Council, which is sponsoring that meeting, is going to a great deal of trouble in getting this Walter Reed Disaster Team, and so forth, to be there, and also they are going to a great deal of expense, and they are going to give, under the Army and Navy supervision, a demonstration of the care of mass casualties. I hope that the county societies will have their local Civil Defense representatives, or some suitable representative, present at that meeting because I think it will be worthwhile.

DR. WASHBURN: May I supplement that, Mr. President?

PRESIDENT VAN VALKENBURGH: Yes.

DR. WASHBURN: Dr. Bailey, if you will excuse me, I would like to focus attention on the fact that the meeting with the people from the Walter Reed Hospital takes place at 7:30 o'clock on the evening of October 31 at the Armory.

DR. BAILEY: All members of the local societies are going to be notified by letter, each member.

DR. WASHBURN: That meeting is the one I would think would be of particular interest to us, and the day following is the other meeting, the nurses, and so on.

PRESIDENT VAN VALKENBURGH: Thank you, doctors, for this explanation.

The Committee on Vocational Rehabilitation, Dr. Stambaugh.

Committee on Vocational Rehabilitation

The Rehabilitation Committee of the Medical Society of Delaware has had no formal meetings during the year. As in other years, the rehabilitation program has made forward strides without unusual problems. Delaware has direct medical supervision of its rehabilitation program. As a committee and as members of the medical profession, our interest should be to stimulate State and Federal agencies to keep the program alive and moving. Over 5000 disabled persons have been rehabilitated since 1939. The budget is nearly a quarter million dollars in 1955-1956.

Your committee compliments this work and wishes to express sincere appreciation to the members of the State Board of Vocational Education and its personnel.

Respectfully submitted,
E. L. STAMBAUGH, *Chairman*
S. W. CASSCELLS
I. M. FLINN
D. J. KING
R. J. BISHOFF

PRESIDENT VAN VALKENBURGH: Is there discussion of this report?

(No response.)

PRESIDENT VAN VALKENBURGH: Is there a motion to accept the report?

(A motion was made, seconded and carried to accept the report of the Committee on Vocational Rehabilitation.)

PRESIDENT VAN VALKENBURGH: The Committee on American Medical Education Fund, Dr. Poole.

Committee on American Medical Education Fund

The state of Delaware has contributed to the A.M.E.F. the total of $4,900.00.

Working with a total of 381 Doctors with additions and deaths, the percentage of Doctors donating to the A.M.E.F. directly to me is 36%.

Respectfully submitted,
GERALD O. POOLE, *Chairman*

PRESIDENT VAN VALKENBURGH: Is there discussion of this report?

FROM THE FLOOR: How does that figure compare with previous years, do you have any idea?

MR. MORRIS: This is 156% of last year's contribution.

DR. CANNON: Half as much again?

MR. MORRIS: Yes, half again.

DR. MCGUIRE: I will make a comment on that when you read my report.

DR. BAILEY: It is only half as good as last year?

DR. CANNON: Half again as much.

PRESIDENT VAN VALKENBURGH: Is there a motion to accept this report?

(A motion was made, seconded and carried to accept the report of the Committee on American Medical Education Foundation.)

PRESIDENT VAN VALKENBURGH: The Committee on Medical Services and Public Relations, Dr. McGuire.

Committee on Medical Services and Public Relations

There were no meetings held of this committee in the past year. The chairman attended public relation meetings in Boston and Chicago and the Eastern division of the Legislative Committee in New York.

It is the policy of the national organization to further better public relations on a local level by alertness to professional responsibilities and participation in community activities to enhance our relationship in the area of full citizenship.

Respectfully submitted,
H. THOMAS MCGUIRE, *Delegate*

PRESIDENT VAN VALKENBURGH: Is there a discussion of this report? Do you have anything to add, Dr. McGuire?

DR. MCGUIRE: No additions.

PRESIDENT VAN VALKENBURGH: Is there a motion to accept this report?

(A motion was made, seconded and carried accepting the report of the Medical Services and Public Relations Committee.)

PRESIDENT VAN VALKENBURGH: The next report will be from Dr. McGuire as the delegate to the American Medical Association.

Delegate to the House of Delegates to the American Medical Association

August 31, 1956

Mr. President, Members of the House of Delegates:

I have the privilege of reporting to you, as your Delegate to the House of Delegates to the American Medical Association. This report will contain a condensation of the actions taken by the December Interim Session and the June regular meeting. This is in the interest of conserving your listening and reading time.

The A.M.A. President, Dr. Elmer Hess, emphasized, at the opening session of the House in Boston that complacency should be regarded as the Medical Profession's enemy. Although some progress is being made in informing the public and the profession of the objectives of organized medicine, educational and public relation efforts must be intensified and the list of physician's tangible accomplishments in the public interest should be increased. The President emphasized the necessity for the profession, generally, to increase its activities in the area of full citizenship in our communities.

Dr. E. Roger Samuel of Mount Carmel, Pa. was selected the General Practitioner of the year by a special committee of the Board of Trustees. Dr. Torald Sollmann of Cleveland, Ohio was honored for his outstanding service to the medical profession and the advancement of medical science. Dr. Sollmann is a charter member of the A.M.A. Council on Pharmacy and Chemistry and chairman of this committee since 1936.

The controversial aspects of proposed revisions and amendments to the Social Security Act was the cause of considerable deliberation. Two as-

pects of this problem emerged for critical and analytical consideration. One: that phase of the Social Security Act that requires physician participation in the determination of disability and, Two: the old age survivor insurance provision for coverage of physicians. In the first instance the House affirmed the following: "That the American Medical Association pledges its wholehearted cooperation in a study of Social Security in the United States and will devote its best efforts to procuring and providing full information of the medical aspects of disability, rehabilitation and medical care of the disabled. The policy of rehabilitation and full medical cooperation rather than subsidy was emphasized. On the second proposition it was recommended that the State Societies poll their entire membership on the question of A.S.I. participation of physicians and that this poll be transmitted to the Board of Trustees of the American Medical Association at the earliest possible moment.

The Committee on Medical Practice and Hospital Accreditation made a number of recommendations that received final action in the June committee that will be detailed later in this report.

Actions can be summarized as follows:

1. It was recommended that the Board of Trustees give consideration to a dues increase for all Association members, with increase designated for contribution to the American Medical Education Foundation.
2. Recommended that further purchase and distribution of Salk Polio vaccine be carried on by the presently available commercial avenues used for other immunizing agents, and that all vaccine, once proven, should enter the usual channels of distribution.
3. Approved the appointment of an A.M.A. committee to study the prevention of highway accidents.
4. Commended the Women's Auxiliary of the A.M.A. for its financial contribution to the support of medical education and requested the Auxiliary to continue its active efforts.
5. Commended the Sears Roebuck Foundation for its thoughtfulness and foresight in sponsoring a new plan for financial assistance in establishing medical practice units.

The Scientific aspects, the Social Programs and the general hospitality of the New England medical groups were well planned and reflected great credit on our Northeastern colleagues.

The opening session of the June meeting, held in Chicago, featured an address by President, Elmer Hess, warning that the medical profession must be prepared to face an all-out drive by some labor groups for national compulsory health insurance. He further advised that it was incumbent upon us to settle our petty differences and stay united. Dr. Dwight H. Murray, President-Elect, urged strength through unity and suggested that we must guard against any cleavage within our profession, specifically, between General Practitioners and Specialists.

The report of the Committee on Hospital Accreditation was the source of considerable discussion. The Committee's report was voluminous but in essence it recommended accreditation of hospitals should be continued and should maintain its present organizational representation with annual reports to the House of Delegates on the activities of the commission. Physicians should be on the administrative bodies of hospital and general practice sections in hospitals should be encouraged. Moreover, staff meetings required by the joint commission are acceptable but attendance should be set up locally and not by the commission. The joint commission is not and should not be punitive and should not concern itself with the number of hospital staffs to which a physician may belong, it should publicize the method of appeal to hospitals that fail to receive accreditation. Further, surveyors should receive better indoctrination and should work with both administrator and staff of hospitals and should be directly employed by the commission. The A.M.A. should conduct an educational campaign for doctors relative to the function of the joint commission. And the A.M.A. and the American Hospital Association encourage educational meetings for hospital boards of trustees and administrators on State or National level to acquaint these bodies with the functions of accreditation. The committee emphasized that the privileges of each member of the medical staff shall be determined on the basis of professional qualifications and that personnel shall be qualified by training and demonstrating competence and shall be granted privileges commensurate with their individual abilities.

As we are all aware graduates of foreign medical schools have recently posed a problem as to their proper place in the current American medical scene. It has been apparent that a plan and system of evaluation and review would be profitable both to our medical communities and the particular individuals involved. Therefore, the House approved, in principal, a program for the evaluation of graduates of foreign medical schools seeking hospital positions in the United States. Stating, the responsibility to share educational opportunities in medicine is recognized, the primary concern must be for the health of the American public. Thus, before assuming responsibility for the care of patients as interns or residents, all graduates of foreign medical schools — immigrants, exchange students and American graduates of foreign schools — should show evidence, as early as can be measured, of having reached a level of educational attainment comparable to that of students of American schools at the time of graduation. This plan calls for establishment of a central administrative organization to evaluate the medical credentials of foreign trained physicians desiring to serve as interns or residents in American hospitals. Applicants with satisfactory credentials then would take a screening examination to determine their medical knowledge and their facility of the English language. Successful applicants would then be certified to hospitals and other interested organizations with the approval of the foreign trained physician concerned.

In consideration of private practice by medical school faculty members the House adopted a Council report which stated: "That it shall be the policy of the American Medical Association that funds received from the private practice of medicine by salaried members of the clinical faculty of a medical school or hospital should not accrue to the general budget of the institution and that the initial disposition of fees for medical service from paying patients should be under direct control of the doctor or doctors rendering the service." The adapted report stated further, "It is not in the public or professional interest for a third party to derive a profit from payment received for medical services, nor is it in the public or professional interest for a third party to intervene in the physician-patient who has recommended that adequate liason be developed and maintained between county medical societies and medical schools in its area and that publicity,

which has the general approval of the medical community, be properly used."

In the area of federal aid to medical schools embodied in Senate 1323, a bill in Congress providing for one time matching grants to medical schools for construction purpose, the committee and the House refused to adopt a resolution in support of this measure.

There was great interest in a substitute resolution on premature drug publicity. In summary this resolution states: "Whereas, in view of the tremendous number of new drugs being developed and expanding research programs in medical colleges, clinics and hospitals being influenced by the drug industry, it is imperative that the manufacturer and the medical profession develop cooperatively guiding principals which will protect the American people from being subjected to the premature release of information pertaining to new products or techniques. And that competition within the pharmaceutical industry has become extremely keen so that in the advertising of their products drug manufacturing firms have been forced to the expenditure of larger and larger sums of money and increasingly broader fields of advertising. It has therefore become necessary for a closer liason between the pharmaceutical manufacturer and the American Medical Association. It is urged that the Board of Trustees of the American Medical Association appoint a liason committee to meet with representatives of the pharmaceutical manufacturers to discuss this objective.

In the concluding session Dr. David B. Allman of Atlantic City, N. J. was unanimously named the President-Elect for the coming year.

Your delegate wishes to express his sincere gratitude for the privilege of serving in this capacity. I would again urge more physicians attending the annual or interim session to devote some part of their time to the proceedings of the House of Delegates. This is your organization and your business and it seems to me has a relative value to you that is equal to the scientific papers and exhibits that are attended by members.

Respectfully submitted,
DR. H. THOMAS MCGUIRE

DR. MCGUIRE: Several things should be pointed out. One is that this American Medical Education Foundation is very important. We in Delaware are not meeting our demands. The State of Nevada, with 170 members, made a contribution three times as great as ours, to AMEF direct. Many state societies are increasing their dues to meet this situation. The Pharmaceutical and the business community are beginning to say we are not meeting our personal obligations. And it seems that if we are not going to do it, that they might revise their figures down, and then the total sum would be woefully inadequate.

So it would seem rather incumbent upon us to conscientiously inventory what we have done in this area, both as individuals and as a group, so that the threat of more Federal aid — so that we will be consistent in our argument against Federal aid.

That is all I would ask and that is all for the benefit of the people interested in this.

Dr. Bauer, who is the National Chairman, spent a whole year on this. There are people who think this way would be better, to make a substantial dues increase, cut out all the costs of contributions to the AMEF.

Thank you, Mr. Chairman.

PRESIDENT VAN VALKENBURGH: Is there a discussion of this report by the delegates?
(There was no response.)

PRESIDENT VAN VALKENBURGH: I want to thank you very much, Dr. McGuire, for your comprehensive report. We certainly cannot all attend this meeting, and we are getting the main facts from your report.

DR. BAILEY: Dr. McGuire, what do you suppose would be a reasonable assessment to the dues for each individual in the State for the AMEF?

DR. MCGUIRE: All I can tell you, Dr. Bailey, is what other States are doing. Nevada has added $30 to their State annual dues, bringing their total dues to $120 a year. They hold their meetings in Reno in order to get 75 people there. Some of these people have to travel 700 miles, by airplane, to get there. Illinois has increased their dues $40 to meet this objective. I think what the Board of Trustees are thinking — this is just what they are saying in whispers — they are thinking about recommending a $50 increase on a national level, that is, increase our national dues. They are thinking about it. It has not been proposed, but it has been talked about.

DR. BAILEY: Do you think it would be worthwhile to have some sort of a committee investigate the possibility or the feasibility of doing that here, increasing our local State dues?

DR. MCGUIRE: My own personal view is yes.

DR. BAILEY: Then why don't we do it?

DR. MCGUIRE: I was waiting to hear something develop. I tried to emphasize that feature of this report. I already have talked as much as I should, I think, about other things, too, including the ladies. I did not think it would be appropriate for me to bring it up. But I do think, as I sense the feeling, that this thing is inevitable, and I personally feel that we are not meeting our obligations in a manner consistent with our attitude, and I think if we are not going to do it, we have to face two things: One, increased dues on a national level; or (2), Federal subsidy — one or the other is going to come about.

So I would then make a resolution that the President appoint a committee to review this subject with the idea of a dues increase to bring our contribution to the American Medical Education Foundation to the level where it belongs.

DR. BAILEY: Is that in the form of a motion?

DR. MCGUIRE: Yes.

DR. BAILEY: I second it.

PRESIDENT VAN VALKENBURGH: Is there any discussion?

DR. J. R. FOX (Dover): May we have some discussion of this motion. I didn't know whether this was the appropriate time to discuss this AMEF program or not. Since it has been started, I would like to add a personal comment.

I have had some experience in collecting for this fund in the person to person campaign in our county, and I find the most severe objection is that it is double taxation. I didn't find anyone in our area who was not already contributing to their medical school directly. Now the AMEF, as I understand it, wishes an additional contribution through their own organization to our medical schools, which means that you are just duplicating your contribution each year.

[The Proceedings of the House of Delegates will be concluded in the December issue of the Journal.]

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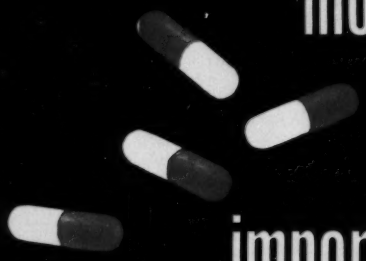

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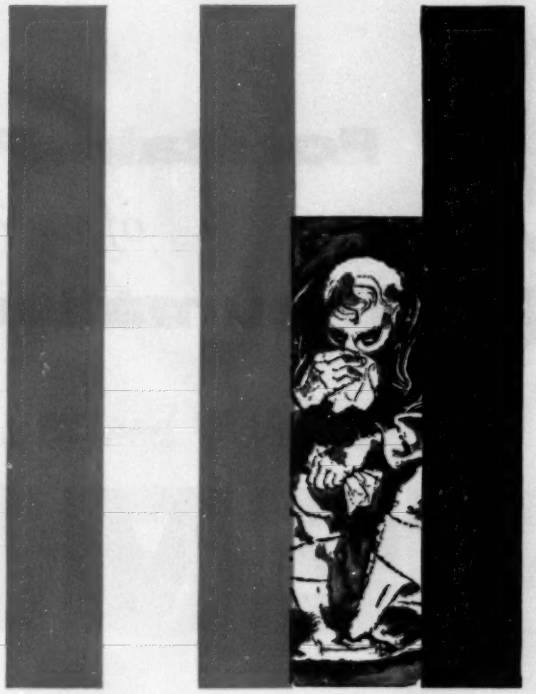

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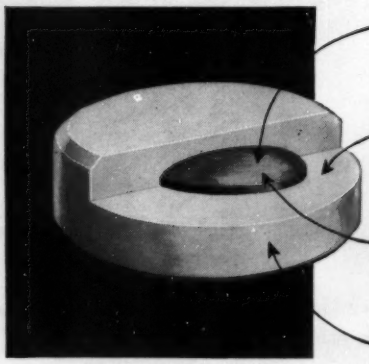

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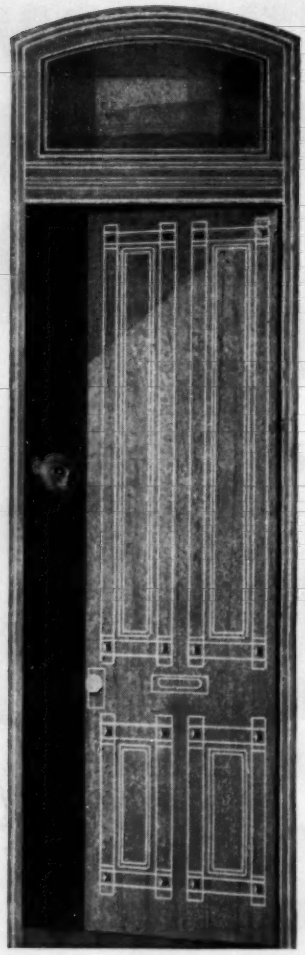

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